

Swimming Pool/Spa Operation Report

NAME OF FACILITY: _____ Gallons Per
Minute _____

POOL/SPA MAINTANANCE OPERATOR: _____

POOL/SPA ADDRESS: _____

PHONE(S): _____

MONTH _____

	<u>Date</u>	<u>Time</u>	<u>Free Chlorine Residual</u> [or Bromine] *DPD Test Kit	<u>pH</u>	<u>Cyanuric Acid</u> Min 1x monthly	<u>Alkalinity</u>	<u>Quantity of Chemicals Added</u>
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